

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>215529946</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>American Association for Health Freedom</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JONATHAN EMORD 11808 WOLF RUN LANE CLIFTON, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2015</b></p> <p>SCC ID NO: <b>05233507</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 3525 Piedmont Rd. B6-310</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Atlanta, GA 30305</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
NAME: HUNTER LEWIS TITLE: PRESIDENT ADDRESS: 1531 RUGBY RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: DEBORAH RAY TITLE: VICE PRESIDENT ADDRESS: 2231 BELLEAIR RD. CITY/ST/ZIP/CO: P.O. BOX 17879 CLEARWATER, FL 33762	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: JONATHAN LIZOTTE TITLE: TREASURER ADDRESS: 68 OLD DIKE RD CITY/ST/ZIP/CO: TRUMBULL, CT 06611	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: GRETCHEN DUBEAU TITLE: EXEC DIRECTOR ADDRESS: 5120 STRATHMORE AVE CITY/ST/ZIP/CO: NORTH BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: JEANNE DRISKO TITLE: CHAIRMAN ADDRESS: UNIVERSITY OF KANSAS MEDICAL CTR CITY/ST/ZIP/CO: 3901 RAINBOW BLVD, MAILSTOP 1017 KANSAS CITY, KS 66160	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: MELENI ALDRIDGE TITLE: DIRECTOR ADDRESS: THE ATRIUM, CURTIS ROAD, DORKING CITY/ST/ZIP/CO: SURREY, RH4 1, UNITED KINGDOM (GREAT BRITAIN) , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB BEISWENGER, LT. COL USAF, RET DIRECTOR 498 NEWELL DRIVE HUNTINGTON VALLEY, PA 19006-4036	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. RONALD HOFFMAN DIRECTOR 776 6TH AVE # 4B NEW YORK, NY 10001	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. HARRY PREUSS DIRECTOR BASIC SCIENCE BUILDING, ROOM 231 B 4000 RESERVOIR RD., NW WASHINGTON, DC 20057	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. ROBERT VERKERK DIRECTOR THE ATRIUM, CURTIS ROAD, DORKING SURREY, RH4 1, UNITED KINGDOM (GREAT BRITAIN) , , FN	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GRETCHEN DUBEAU SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GRETCHEN DUBEAU, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/11/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			